

CIA INTERNAL USE ONLY
SECRET

(When Filled In)

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION		DATE 1 Jul 58		ACTION	
FROM EE/C/CE		ROOM NO. 2212 X		AMEND CLOSE TELEPHONE 3306	
INSTRUCTIONS: Form must be typed or printed in block letters. SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete. SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately. SECTION III: To be completed in all cases.					
SECTION I					
SENSITIVE <input type="checkbox"/> NONSENSITIVE <input checked="" type="checkbox"/>		1. SOURCE DOCUMENT			
NAME (Last) (First) (Middle) (Title) SEX 3.		MEISSNER Hans-Otto Gustav-Adolf Dr. X			
TYPE NAME 2. (Last) (First) (Middle) (Title)		NAME VARIANT			
REQUESTOR'S COPY TO BE DESTROYED UPON RECEIPT OF MACHINE LISTING					
PHOTO 4. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		BIRTH DATE 5. D 4 M 6 Y 09		COUNTRY OF BIRTH 6. Ger	
OCCUPATION/POSITION		CITY OR TOWN OF BIRTH 7. Strassbourg, Alsatia		OTHER IDENTIFICATION 8. 1. 2. 3.	
				OCC/POS. CODE 9.	
SECTION II					
CRYPTONYM			PSEUDONYM		
SECTION III					
COUNTRY OF RESIDENCE 10. WGER		ACTION DESK 11. EE/C		SECOND COUNTRY INTEREST 12. THIRD COUNTRY INTEREST 12a.	
COMMENTS:					
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE METHOD EXEMPTION 3B2E NAZI WAR CRIMES DISCLOSURE ACT DATE 2008					
201-					
PERMANENT CHARGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RESTRICTED FILE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SIGN	

BEST AVAILABLE COPY